

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH

County Anne Arundel 5895

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City Croconsville State Hosp. (No. _____) St.; Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME John Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE obl 5 SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH unknown 835
(Month) (Day) (Year)

7 AGE 83 yrs. 7 mos. 7 ds. If LESS than 1 day. hrs. OR min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) unknown

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Steph. Keenan
(Address) _____

15 Filed Apr 29, 1918 Hms Welch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 27th, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 27, 1918, to Apr 27, 1918, that I last saw him alive on Apr 27, 1918, and that death occurred on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH * was as follows:
Chronic Nephritis
unknown
(Duration) yrs. mos. ds.

Contributory _____
Secondary _____
(Duration) yrs. mos. ds.

(Signed) Chas C. Timblin, M. D.
Apr 28, 1918 (Address) Croconsville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. 5 ds. in the life State, _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? former residence
Former or usual residence Anne Arundel

19 PLACE OF BURIAL OR REMOVAL National Brewer Hall DATE OF BURIAL April 30, 1918
Brookland Ave

20 UNDERTAKER G. A. Adams ADDRESS Annapolis